

### Driver's License and Vehicle Insurance

The Department of Motor Vehicles requires all drivers of vehicles to have a valid driver's license for the "privilege" of driving the type of vehicle you wish to drive. The Department of Motor Vehicles code also requires the owner of any vehicle registered to drive on public streets to carry the proper liability insurance, cover damages of Bodily Injury to another party and Property Damage to other's property. If you can show financial responsibility to satisfy the Vehicle Code, then you need not carry liability insurance.

The Grand Executive Committee of Washington/Idaho is requiring proof of a valid driver's license and proof of insurance for ALL drivers and vehicles that carry Rainbow Girls to and from Rainbow functions. This proof of insurance is for the protection of our Washington/Idaho Rainbow Girls. Should you not carry liability insurance, then there must be a proof of financial responsibility, acceptable to the Department of Motor Vehicle Code, on file with the proof of Driver's License. Unless these forms are on file with the Mother Advisor of the Assembly, a girl is not to ride in the car or with the driver. These forms are to be kept current. *(Adopted by the Grand Executive Committee, Grand Assembly of WA/ID, February 26, 1997)*

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**DRIVERS RECORD**

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Expiration Date of License \_\_\_\_\_

**VEHICLE INSURANCE** (Please provide a "Certificate of Insurance" from your insurance company)

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Vehicle ID # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Insurance Co Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I acknowledge that I have read and will abide by the Washington/Idaho Travel Policy. **Pls Initial** \_\_\_\_\_

The Driver's License and Insurance Information provided on this form has been verified.

By \_\_\_\_\_ Date \_\_\_\_\_  
Mother Advisor or Board Chairman